

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002367

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: SOUTHWEST FLORIDA BASEBALL, INC.

**Current Principal Place of Business:**

2202 TREEHAVEN CIRCLE  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

2202 TREEHAVEN CIRCLE  
FORT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 31-1714626

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHROPP, RUSSELL  
1715 MONROE STREET  
FT. MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: SCHROPP, RUSSELL  
Address: 1715 MONROE STREET.  
City-St-Zip: FT. MYERS, FL 33901

Title: VP ( ) Delete  
Name: FORE, DAVID R  
Address: 9951 BRANHAN CT  
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: TRES ( ) Delete  
Name: CEDARBURG, JOHN  
Address: 2202 TREEHAVEN CIR.  
City-St-Zip: FT. MYERS, FL 33907

Title: VP1 ( ) Delete  
Name: LOSAURO, THOMAS  
Address: 5591 SUNRISE DRIVE  
City-St-Zip: FT. MYERS, FL 33907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CEDARBURG

TRES

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date